THOMAS S. SZASZ. *Pharmacracy: Medicine and Politics in America*. Westport, CT: Praeger, 2001. xx + 212 pp, $24.95 (hardcover). ISBN# 0-275-97196-1.

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In *Pharmacracy*, Dr. Thomas Szasz, emeritus professor of psychiatry at the State University of New York at Syracuse, exposes the results of a long sequence of events in which freedom to practice medicine as well as receive care as a patient are rapidly eroding in the United States. Under the guise of beneficence, all human problems have become diseases to be treated in what he calls the Therapeutic State, a post-20th century American totalitarianism. To Szasz, health has become "a kind of secular holiness" that has ascended in importance over individual liberty.(p.149) To those uninitiated with his voluminous and profound work, the title of this book conjures a new way of thinking about the social structure of health care in the United States. The work has importance to the practice of pharmacy because we need to be aware of our contributions to the impact of further state controls on pharmacotherapy on our fellow citizens, controls purported to address therapeutic "outcomes."

Szasz penetrates the usual diatribe so prevalent in health care policy discourse with such clarity and logic as to leave no doubt about what is at stake: the life, liberty, and

property of every American citizen. In this American total health state, Pharmacracy, he says that we have lost the ability to discriminate between somatic pathologies and patient expressions of illness, "the distinction between knowing what a disease is, and knowing how to relieve the patient of suffering; if we forget it, we are likely to yield to the temptation to think of disease in terms of it being 'treatable,' by an officially accredited expert, by an officially accredited method."(p10) Indeed, over the centuries, the power of treatment and cure has had many pretenders but few masters.

He then identifies that the need to understand underlying biological mechanisms of property destruction in the 19th century helped set pathology on a firm scientific footing.(p22) Property preservation was the goal of many early scientific experiments whose results were transplanted to human health. However, in the 20th century, he observes "diseases (lesions) are facts of nature, whereas diagnoses (words) are artifacts constructed by human beings. If we fail to keep this simple distinction in mind, we forfeit the possibility of understanding the uses and abuses of the term 'diagnoses'" (Szasz' emphasis).(p28) Indeed, he cautions that "the confusion of diagnosis with disease is not an occasional, innocent error. If it were, it would have been corrected long ago. Rather, it is a systematic and strategic error, a tactical misuse of language that serves the pharmacratic ideology."(pp31–2)

This pharmacratic ideology has tremendous impact on pharmacy practice and food and drug law and regulation because the statutory definitions of substances (whether food, drug, cosmetic, or dietary supplement) are neither all-encompassing nor universally applied or enforced. In today's practice, for example with drugs, definition is determined by purported use or indication (the FDA-regulatory definition) as well as by physicochemical properties and characteristics (the scientific definition). There are major ramifications for defining drugs based on non-diseases. However, Szasz says this practice "is now so common even among medical elites that it is fair to conclude that the medical profession is guilty, beyond a reasonable doubt, of corrupting its own concept of disease."(p34) For what reason(s) has this happened? In the interests of beneficence and public health? For the greatest good in the greatest number? To respond and satisfy evolving health concerns and popular demand from clashing special interest groups? Szasz retorts: "Let us be honest: Classifying nondiseases as diseases serves the economic, existential, and professional interests of the classifiers and is, to boot, socially expected of them."(p37) He identifies a new political class of bureaucrats, one where adjudication of what counts as a disease (and therefore, drug use) is their province – the pharmacrat. Because we no longer anchor disease in somatic pathology, "contemporary nosology has become strategic, based on economic, legal, social, and other interests, unrelated to disease as somatic pathology" (Szasz' emphasis).(p54) Ironically, we no longer root our posology in reality either. Many patients are overdosed when they start new medications. Often, the doses of medications the patient no longer takes are not tapered either.

Because Dr Szasz is a psychiatrist, much of his writing has centered on social-institutional and systematic abuses of the rights of the so-called "mentally ill." However, if the constitutional rights of those people considered engaging in aberrant behaviors or thoughts are ignored via involuntary confinement and coerced pharmacotherapy, what does this practice forebode for the drug therapy of other types of patients, those who want to live freely without interference from government or their neighbors? What ethical dimensions are manifested in decision making for the definitions and uses of their drugs? Szasz writes:

> Most of the ethical problems of modern medicine are rooted in the alliance between medicine and the state… Because the practicing physician must often balance a host of potentially conflicting interests – typically those of the patient against the needs of the patient's family or employer, the customs and laws of the country, and the physician's own personal needs – the ethical medical ethicist ought to be forthright about his own moral and political values and not conceal his views and recommendations with euphemistic phrases, such as 'beneficence' or 'the best interests of the patient.' Those slogans may be used to rationalize virtually any medical intervention. Medical ethics itself requires unceasing ethical scrutiny.(p113)

Szasz asks us to ponder this important question: "What should be the role of the state with respect to protecting the individual from diseases that do not by themselves pose a threat to others?" Who's responsible for anyone's life in a free society?

In clearly individualist and free market terms, Szasz identifies the essence of life in a free and civilized society. "The issue comes down to whether the individual is viewed as a private person or public property… the pharmacrat's stock-in-trade is denying the differences between medical care sought by patients and imposed on them against their will – in short, defining violence as beneficence… nonconsensual 'treatment' is assault, even if it cures the patient of his disease" (Szasz' emphasis).(pp140–1)

His solution to the current and pandemic crisis of Leviathan state-medicine and pharmacratic industry is the strict separation of therapeutic and police powers. In 1970, Szasz advocated for a constitutional amendment that stated "Congress shall make no law respecting an

establishment of medicine, or prohibiting the free exercise thereof." While constitutional amendments seem to be in vogue inside the Beltway today, this idea rings true, especially when one considers the reorientation of drug law necessary to achieve a modicum of success in the application of results from the Human Genome Project. Domestic drug laws and regulations should not be changed until a constitutional amendment is ratified that guarantees non-interference by government into the health decisions of its citizens. Simply put, the individual citizen is not sufficiently protected by the federal constitution from exploitation by corporate entities or from expropriation by governmental entities acting on their behalf. Moreover, the United States should not engage in any international harmonization treaties until its own citizens are free to decide the terms of their own drug use. Notice the use of the word "should." This is an ethical statement. Nothing any individual does or any group to which that individual belongs supercedes his or her constitutional rights as a United States citizen. Szasz charges us to carefully consider the ramifications of unrelenting unilateral executive and legislative branch actions regarding drug definition and use. Those who are not moved by this argument may peruse the history and actual outcomes of narcotic control in the 20th century. Same process; different substances.

Today, many politicians, bureaucrats, health care professionals, and the public believe that an encounter with the health care system (and the usual pharmaceutical prescriptions generated from those encounters) will be beneficial to survival and improvement of life. Often, it is not. We in the health professions continue to deny that we violate the Oath of Hippocrates on a daily basis, and often do more harm than good. Many citizens in the United States die from the pharmacotherapy of non-diseases created by the union of health care industry and the state. Szasz behooves us to critically consider our contributions to this trend of increased iatrogenic mortality.

> The idea that physicians will liquidate disease and death is characteristic of the contemporary fashion in pharmacratic thinking. Medical pronouncements, politicians, and the public are in the grips of a delusionary, imperialist-utopian quest – a veritable modern crowd madness – that is at once the cause and the consequences of a naively medicalized view of life and death… therapeutic zealotry fosters the erroneous belief that *a medical diagnosis is a moral justification for a medical treatment*. It is not. In a free society, *medical treatment is contingent on, and justified by the patient's consent, not the physician's diagnostic verdict*… We face the challenge of separating the treatment of patients by medical doctors from the control of citizens by agents of the state pretending to be therapists (Szasz' emphasis).(pp164–5)

Pharmacracy is a powerful addition to the library of the actively engaged and informed person. It has palpable implications for future pharmaceutical discovery, use, and financing, especially in light of the recent elucidation of the human genome and prescription pharmaceutical coverage under Medicare. Szasz calls our attention to the dangers of defining drugs and their uses as a proper state function because this adversely impacts constitutional rights to life, liberty, and property. Self-medication and ingestion are corollaries to these rights. Its message is simple: when we find out, personally, in our everyday experience of health care, that the therapeutic state is about tyranny, not therapy, it will be too late.

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